

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Texas 150 Fund

ADDRESS (number and street)

PO Box 2485

(Check if address
is changed)

Springfield

VA

22152

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

TexasPAC@ConcentricOffice.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7035699004

2. DATE

M M
0 2/ D D
2 2/ Y Y Y Y
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00445379

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Robert Carlin

Signature of Treasurer

Electronically Filed by Robert Carlin

Date

M M
0 2/ D D
2 2/ Y Y Y Y
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

Texas 150 Fund

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Robert Carlin**

Mailing Address **PO Box 2485**

Springfield **VA** **22152** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Custodian of Records Telephone number **703** - **310** - **6125**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Robert Carlin**

Mailing Address **PO Box 2485**

Springfield **VA** **22152** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **703** - **310** - **6125**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank, N.A.

Mailing Address

8401 Old Keene Mill Road

Springfield

VA

22152

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲